UNITED STATES BANKRUPTCY COURT EASTERN DISTRICT OF MICHIGAN

COVER SHEET FOR AMENDMENTS

Case Name:		Mario Lawrenc	e Dicicco		Case No.:	21-45579
DESC	RIBE INFO	DRMATION BE	NG AMENDED BY C	HECKING APPLICABL	E BOX(ES) BE	:LOW:
□ An	nendment	t to Petition:				
	□ Name	e □ Debtor(s) M	ailing Address 🗌 Alia	S		
			•	g the Filing of Official Fo	orm(s)	
□ Su	_ •		•	ertain Statistical Inform	` '	
	•	of Financial Affa			idion	
		and List of Cree				
	Schedule		antoro.			
	Schedule		or 2 Schedule C			
		_	dule D Schedule E	:/E and		
			_		Proditoro obon	ge amount or classification of
		32.00 Fee Requ		r alleady on the List of C	reditors, chang	ge amount of classification of
		•		ne List of Creditors - No	Fee Required	
	Schedule	· ·				
	Schedule	-				
V						
4	Schedule					
<u>~</u>	Schedule					
NC	TE: Use	Page 2 for any	corrections or additi	ons to the List of Cred	litors.	
Additi	onal Deta	ails of Amendm	ent(s):			
→						on this cover sheet may
	be relie	d upon by the	Clerk of the Court as ments attached.	a complete and accur	ate summary	of the information
Date	contain	ea in the aocu	Signature			
	nber 8, 202	21	/s/ Ethan Dunn			
→	AFFIRM	IATION OF DE				ad this cover sheet and
				etc., and that they are t	true and corre	ct to the best of my
Date	knowle	dge, informatio				
Date	her 2 201	21	Signature /s/ Mario Lawrence Di	ricco		
November 8, 2021 /s/ Mario Lawrence Dicicco						

CORRECTIONS TO THE LIST OF CREDITORS

Use this section to make corrections to the name(s) and address(es) of any creditor(s) listed on the current schedules and List of Creditors.

PREVIOUS NAME/ADDRE	SS OF CREDITOR:	PLEASE CHANGE TO: -NONE-		
	ADDITIONS TO	THE LIST OF CREDITORS		
Use this section to identify	y creditors added to the so	chedules and List of Creditors.		
NAME OF CREDITOR:				
ADDRESS:				
-				
NAME OF CREDITOR:				
ADDRESS:				
-				
NAME OF CREDITOR:				
ADDRESS:				
-				
505 155 T	TION 41 00000000000000000000000000000000000			
FOR ADDIT	IONAL CORRECTIONS/AL	DDITIONS, COPY THIS SHEET AND CONTIL	NUE.	

Fill in this information to	o identify your case:	
Debtor 1	Mario Lawrence Dicicco	
Debtor 2 (Spouse, if filing)		
United States Bankrupt	cy Court for the: EASTERN DISTRICT OF MICHIGAN	
	45579	Check if this is:
(If known)		An amended filing
		☐ A supplement showing postpetition chapter 13 income as of the following date:
Official Form	1061	MM / DD/ YYYY

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Pai	t 1: Describe Employment			
1.	Fill in your employment information.		Debtor 1	Debtor 2 or non-filing spouse
	If you have more than one job,	Employment status	■ Employed	☐ Employed
	attach a separate page with information about additional		☐ Not employed	■ Not employed
	employers.	Occupation	Technician	Unemployed
	Include part-time, seasonal, or self-employed work.	Employer's name	Roush Management	
	Occupation may include student or homemaker, if it applies.	Employer's address	12445 Levan Livonia, MI 48150	
		How long employed th	nere? 19 Years	

Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

For Debtor 2 or For Debtor 1 non-filing spouse List monthly gross wages, salary, and commissions (before all payroll 5,680.97 0.00 2. deductions). If not paid monthly, calculate what the monthly wage would be. 3. Estimate and list monthly overtime pay. 3. 0.00 0.00 5,680.97 Calculate gross Income. Add line 2 + line 3. 0.00

Debtor 1 Mario Lawrence Dicicco Case number (if known) 21-45579 For Debtor 1 For Debtor 2 or non-filing spouse Copy line 4 here 5,680.97 \$ 0.00 List all payroll deductions: Tax, Medicare, and Social Security deductions 5a. \$ 1,094.52 0.00 5b. Mandatory contributions for retirement plans 5b. \$ 0.00 0.00 5c. Voluntary contributions for retirement plans 5c. \$ 170.43 0.00 5d. Required repayments of retirement fund loans 5d. \$ 47.02 0.00 Insurance 5e. 5e. 360.65 0.00 5f. **Domestic support obligations** 5f. 0.00 0.00 5q. Union dues 5q. \$ 0.00 0.00 5h. Other deductions. Specify: 5h.+ \$ 0.00 \$ 0.00 Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. 6. 1,672.62 0.00 Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. 7. \$ 4,008.35 \$ 0.00 List all other income regularly received: Net income from rental property and from operating a business, Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8a. \$ 0.00 0.00 8h Interest and dividends 8b. \$ 0.00 0.00 Family support payments that you, a non-filing spouse, or a dependent 8c. regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8c. 0.00 0.00 8d. **Unemployment compensation** 8d. 0.00 0.00 8e. **Social Security** 8e. 0.00 0.00 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. 8f. Specify: \$ 0.00 \$ 0.00 8g. Pension or retirement income \$ \$ 8g. 0.00 0.00 Other monthly income. Specify: 8h.+ \$ 8h. \$ 0.00 0.00 Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9 \$ 0.00 0.00 10. Calculate monthly income. Add line 7 + line 9. 10. \$ 4.008.35 \$ 0.00 \$ 4,008.35 Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. 0.00

Specify: 11.

12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies

4,008.35 12. Combined

monthly income

13.	Do you expect an i	ncrease or d	ecrease with	hin the year	after you f	ile this form?
-----	--------------------	--------------	--------------	--------------	-------------	----------------

N I	_
l N	n

Yes. Explain:

Fill	in this informa	tion to identify yo	our case:					
	tor 1	Mario Lawre		cco		Chec	ck if this is:	
							An amended filing	
1	otor 2 ouse, if filing)						A supplement shown 13 expenses as of	wing postpetition chapter the following date:
Unit	ed States Bankı	uptcy Court for the	: EASTE	RN DISTRICT OF MICHIG	BAN	-	MM / DD / YYYY	
Cas	e number 21	I-45579						
(If ki	nown)							
Of	fficial Fo	rm 106J						
		J: Your	Exper	ises				12/15
Be	as complete a	and accurate as	possible.	. If two married people ar ch another sheet to this				
Par 1.	t 1: Descr Is this a joir	ribe Your House nt case?	ehold					
	■ No. Go to		in a separ	ate household?				
	□ N □ Y	-	st file Offici	al Form 106J-2, Expenses	s for Separate House.	<i>hold</i> of Deb	tor 2.	
2.	Do you have	e dependents?	□ No					
	Do not list D Debtor 2.	ebtor 1 and	■ Yes.	Fill out this information for each dependent	Dependent's relation		Dependent's age	Does dependent live with you?
	Do not state	the						□ No
	dependents	names.			Son			■ Yes □ No
								☐ Yes
								□ No
								☐ Yes
								□ No □ Yes
3.		enses include	_	No				33
		f people other t d your depende		Yes				
exp	imate your ex		our bankr	ly Expenses uptcy filing date unless y y is filed. If this is a supp				
the		h assistance an		government assistance i luded it on <i>Schedule I:</i> \			Your exp	enses
•		,						
4.		or home owners and any rent for th		ses for your residence. I or lot.	nclude first mortgage	4. \$		550.00
	If not include	led in line 4:						
	4a. Real e	estate taxes				4a. \$;	0.00
	•	rty, homeowner's				4b. \$		0.00
		maintenance, re owner's associat	•	upkeep expenses		4c. \$ 4d. \$		250.00 0.00
5.				our residence, such as ho	me equity loans	5. \$		0.00

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Deb	otor 1 Mario I	_awrence Dicicco	Case number (if know	n) 21-45579
6.	Utilities:			
0.		ty, heat, natural gas	6a. \$	273.00
		ewer, garbage collection	6b. \$	0.00
	,	ne, cell phone, Internet, satellite, and cable services	6c. \$	360.00
	6d. Other. S		6d. \$	0.00
7.		sekeeping supplies	7. \$	540.00
8.		children's education costs	8. \$	0.00
9.		ndry, and dry cleaning	9. \$	10.00
10.		products and services	10. \$	10.00
11.		lental expenses	11. \$	20.00
		n. Include gas, maintenance, bus or train fare.		20.00
12.	•	car payments.	12. \$	100.00
13.		t, clubs, recreation, newspapers, magazines, and books	13. \$	0.00
		ntributions and religious donations	14. \$	0.00
	Insurance.		· —	
		insurance deducted from your pay or included in lines 4 or 20.		
	15a. Life insu		15a. \$	0.00
	15b. Health in	nsurance	15b. \$	0.00
	15c. Vehicle	insurance	15c. \$	550.00
	15d. Other in	surance. Specify:	15d. \$	0.00
16.		include taxes deducted from your pay or included in lines 4 or 20.		0.00
	Specify:	molado tando doducida nom year pay or molados m mico i er zor	16. \$	0.00
17.	· · ·	lease payments:		
		ments for Vehicle 1	17a. \$	576.00
		ments for Vehicle 2	17b. \$	418.36
		pecify: Tools for work	17c. \$	100.00
	17d. Other. S		17d. \$	0.00
18		ts of alimony, maintenance, and support that you did not repo		0.00
10.		n your pay on line 5, <i>Schedule I, Your Income</i> (Official Form 10		0.00
19.		nts you make to support others who do not live with you.	\$	0.00
	Specify:		19.	
20.		perty expenses not included in lines 4 or 5 of this form or on		e.
		es on other property	20a. \$	0.00
	20b. Real est	ate taxes	20b. \$	0.00
	20c. Property	, homeowner's, or renter's insurance	20c. \$	0.00
		ance, repair, and upkeep expenses	20d. \$	0.00
		vner's association or condominium dues	20e. \$	0.00
21.			21. +\$	250.00
۷1.	Other. opcomy	Bog I dod and vet bills	Σ1. 1ψ	230.00
22.	Calculate you	r monthly expenses		
	22a. Add lines	•	\$	4,007.36
	22b. Copy line	22 (monthly expenses for Debtor 2), if any, from Official Form 106	J-2 \$	
	22c. Add line 2	22a and 22b. The result is your monthly expenses.	\$	4,007.36
		, , ,		4,007100
23.		r monthly net income.		
		e 12 (your combined monthly income) from Schedule I.	23a. \$	4,008.35
	23b. Copy yo	ur monthly expenses from line 22c above.	23b\$	4,007.36
		your monthly expenses from your monthly income.	22- 6	0.99
	The resu	ult is your monthly net income.	23c. \$	0.99
24.	For example, do	t an increase or decrease in your expenses within the year aft you expect to finish paying for your car loan within the year or do you expect terms of your mortgage?		increase or decrease because of a
	■ No.			
	☐ Yes.	Explain here:		
	_ 103.	=-4		

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